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INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Claus FROHBERG
Title	Plants with increased activity of m
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

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21967

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<input type="checkbox"/> Firm or Individual Name	Claus FROHBERG			
Address	Pilszwald 17			
City	Kleinmachnow	State		Zip 14532
Country	Germany			
Telephone		Email		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	2. August 2006
Name	Claus FROHBERG	Telephone	
Title and Company	Inventor, Bayer BioScience GmbH		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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